

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155751		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/29/2011	
NAME OF PROVIDER OR SUPPLIER MEADOW LAKES				STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEADOW LAKE DR MOORESVILLE, IN46158			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/29/11</p> <p>Facility Number: 004831 Provider Number: 155751 AIM Number: 200809750</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meadow Lakes was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and areas open to the corridor. The facility has a capacity of 137 and had a census of</p>			K0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or of any violation of regulation. This prover respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Revisit on or after July 19, 2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0144 SS=F	<p>123 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/01/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on interview and record review, the facility failed to ensure emergency power would be transferred to the emergency generator within 10 seconds of building power loss for 6 of 12 months. NFPA 99, 3-4.1.1.8 states generator sets shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p>			K0144	<p>It is the practice of this facility that the Generator is inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA99.1.No residents were affected by this alleged practice. The generator is tested weekly by Maintenance to ensure full functioning and transfer to emergency generator is within 10 seconds. Maintenance has been re-instructed on correct completion of the Generator Weekly Inspection Form.2.* No residents have been affected by this alleged practice.* Maintenance Staff will be re-educated by Regional Maintenance staff on the correct completion of the weekly Generator Test Log to include the time required for transfer of power to the generator. A post</p>		07/19/2011

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	Findings include: Based on review of "Emergency Generator - Weekly Exercise/Monthly Load Test Log" documentation with the Maintenance Supervisor from 9:30 a.m. to 11:15 a.m. on 06/29/11, load test documentation for the six month period from 01/04/11 through 06/28/11 lists the transfer time as "30." Based on interview at the time of observation, the Maintenance Supervisor stated the transfer time entry on load test documentation is intended to be the time the generator ran for the load test and acknowledged load test documentation for the six month period from 01/04/11 through 06/28/11 does not include the time to transfer emergency power from normal power to the emergency generator. 3.1-19(b)				test was administered to ensure understanding of education provided.* Generator re-tested to ensure power transfer was completed in less that 10 seconds. Test was successful.3.* Maintenance Director and/or designee to monitor weekly generator test to ensure transfer time is less than or equal to 10 seconds.Executive Director to monitor log to ensure correct completion* Transfer time will be recorded on the Generator Weekly Inspection Form.4. * Maintenance Director to promptly report generator test results to ED/CQI Committee for further review and follow-up as indicated.* Generator Test Log to be monitored monthly by CQI Team to ensure proper completion x6 months * Failure to comply will result in further education and/or disciplinary action.		